

IT was my original intention, in discussing the subject, not to advert to any particular instance of the Cæsarean operation; but, in consequence of the introduction of my name, and that of Mr. Ogden, into the account of the case lately published by Mr. Wood, in the fifth volume of the Memoirs of the Medical Society of London, I feel myself called upon to say a few words in reply. It is the more necessary, in the present instance, as some facts are omitted, which bear materially on his conclusion. And, as the propriety or impropriety of performing this operation must rest on the result of well-authenticated cases, the Public have a right to expect the fullest evidence upon each of them respectively.

At the request of Mr. Ogden, I visited the poor woman, as stated by Mr. Wood, and from the information I gained upon an inquiry, it appeared to me to be one of Dr. Osborn's crotchety-cases; this was the opinion I gave to Mr. Ogden, who thereon determined, for reasons of a private nature, in which I was personally unconcerned, to send her to the Lying-in Hospital in Manchester. Of course, no attempt was made to deliver her.

From the manner in which our names are introduced, coupled with his remarks on the case, Mr. Ogden and myself are compelled to infer, that it was the writer's intention to impute the woman's death to our mismanagement. Whether this imputation be well-founded, the Public will now be enabled to determine.

She was conveyed in a cart, as stated, but it should have been also inserted that she was placed on a feather bed, which was slung with cords in imitation of a hammock, by which the ruggedness of the road would be counteracted.

Mr. Wood's general conclusion is, that "her death was not occasioned by the operation, but by a gangrene that had taken place in the *cervix uteri*, which in my [his] opinion must have been occasioned by the pressure of the child's head prior to the operation, and I am induced to believe, had the operation been performed earlier, and at the patient's house, she would have stood a great chance of recovering."

We are still left to conjecture what time is deemed early enough to give the patient a "great chance of recovering" after this operation;—twenty-four hours is usually deemed the term of a natural labour, when no adventitious help is required. This woman was taken in labour about one o'clock on the Monday morning;—I saw her in company with Mr. Ogden at nine;—she arrived at the Lying-in Hospital about one, and the operation was performed at nine the same evening. The delay then occasioned by her removal was *four* hours—the time that elapsed after her arrival at the Lying-in Hospital, before the operation was performed, was *eight* hours—and from the commencement of labour to the time of the operation, was *twenty* hours.

If inflammation had existed in the uterus prior to the operation, as Mr. Wood has stated, it must have been marked by the usual symptoms; Mr. Ogden and myself are certain that it did not exist at the time we saw her, both from the calm state of her pulse, and the perfect intermission between the pains. No notice is taken by Mr. Wood of the state of the pulse prior to the operation; nor is it observed that the pains had any peculiar character, which must have been the case had inflammation existed from the cause alledged; it is simply stated that they were *very frequent*.

But, if inflammation of the uterus had come on after we saw her, yet previous to the operation, how comes it that it was not discovered? The day after the operation she was thought to be in no danger, and twenty-five hours from the time of performing it, her pulse beat only 108 strokes in a minute. The following morning, we find that the pulse had increased to 120; at noon of the same day, it beat 144; and on Thursday morning at seven o'clock, it beat 150. Thus most distinctly marking the progressive increase of the symptoms as caused by the operation; for it is impossible that the pulse should have continued at so low a number, for so long a time, if inflammation of the uterus had existed prior to it.

Gangrene is said to have been discovered on dissection in the "inferior portion of the body and *cervix uteri*." If it had been occasioned by the pressure of the child's head, as asserted, it would have had an appearance corresponding to the form of the body which produced it—but this circumstance, which would have been almost decisive of the cause, is not alluded to. That it should have been occasioned by the pressure of the child's head, is indeed extraordinary. In other instances, the head shall be jammed in between the bones of the pelvis, for twice the length of time that elapsed from the coming on of labour to the performance of this operation, without any material inconvenience ensuing to the mother, after her delivery. In this case, in Mr. Wood's opinion, and I should be sorry to mis-state it—the intermitting contractions of the uterus, pressing the child's head against a part of its own body at each contraction, which was again resisted by the soft elastic substance of the abdominal muscles,

brought on inflammation, terminating in gangrene, though suffered to continue but for a few hours. It should be remembered too, that the upper part of the head of a child, at the time of birth, is composed of distinct bones, so loosely connected together, as to admit of being lapped over each other when compressed, and yet so elastic as soon to recover its original shape on removal of the pressure, which must materially lessen the chance of mischief from its acting mechanically. And from the position of the child in utero, and the peculiar curvature of the spine, it is highly probable, that the mere weight of the lower parts of its body would retract the head from pressing against the uterus, at each interval between the pains. Yet this was the part, according to Mr. Wood, that by its pressure for so short a time, produced gangrene of the uterus. It is obvious, from the extreme narrowness of the pelvis, that the head could not descend, so as to press the uterus against any of the bones of which it is composed. Mr. Wood does not mention that the natural shape of the head was at all changed.

In performing the operation, Mr. Wood made an incision through the common integument and abdominal muscles, to the extent of six inches; he then made a corresponding incision through the body of the uterus. An incision of the nature of the former, as largely exposing the cavity of the abdomen, has been usually deemed dangerous; and a large wound of the uterus has been commonly looked upon as mortal. The diseased appearances observed in the abdomen, prove the existence of peritoneal inflammation, and of inflammation of the intestines; ten or twelve ounces of bloody serum were found extravasated into the cavity, together with some coagulated blood. By referring the cause of her death to inflammation of the uterus terminating in gangrene, and caused as above mentioned, Mr. Wood has regarded these appearances as of little moment, though peritoneal inflammation, or inflammation of the intestines, when singly existing, proves frequently mortal, even when not attended with extravasation of blood.

The quantity of blood lost during the operation, was about eight ounces, how it was disposed of he does not tell us; neither does he mention how long the cavity of the abdomen was exposed; nor whether the epigastric artery was divided in the operation, which is probable from the direction of the incision; yet these are points which some may think material, as tending to ascertain the real cause of her death.

But, admitting that inflammation existed in the uterus prior to the operation, let us next inquire into the propriety of the after-treatment, under these circumstances of accumulated danger. In inflammation of the uterus, as well as of the intestines, the disease is most powerfully combated by bleeding, which is directed to be employed in such cases, as far as the constitution of the patient, and strength of the pulse will bear. It is observed, that the pulse was *hard* at different periods of the disease, yet both general and topical bleeding were entirely omitted. In inflammation of the uterus, and of the intestines, the frequent injection of glysters is generally insisted on. In this case, though inflammation of the uterus is said to have existed at the time of the operation, the first glyster was not injected under seventeen hours; the second not till Wednesday noon, after an interval of thirty-nine hours; and forty-eight hours had elapsed from the time of the operation, when the blistering plaster was directed to be applied to the abdomen. Indeed it does not appear that the precaution of injecting a glyster previous to the operation had been attended to, though the woman had been then eight hours in the Hospital.

Upon the mature consideration of the above, which are the leading circumstances of this case, the professional reader will be enabled to decide upon the probable cause of the patient's death; and whether it was occasioned by gangrene of the uterus, brought on by pressure of the child's head, prior to the operation; or what greater chance for success there would have been, had the operation been performed earlier, and at her own house.

Mr. Wood's opinion presupposes little danger to attach to the operation itself, as her recovery would in that case have been confidently reckoned upon. A large incision made into the uterus and its consequences, extravasation into the cavity of the abdomen, peritoneal inflammation, and inflammation of the intestines, are as confidently rejected, as being insufficient to account for her death.

On this opinion, every man of plain understanding, and at all conversant with professional subjects, must make his own comments. Upon such inconsequent reasoning is this operation to be persisted in, an operation which, in my opinion, is *in itself mortal*, and which has certainly proved mortal in this country in every instance. When a question is to be decided by numbers, the voice of an individual will be of trivial import; but whether this operation will be permitted to be performed, in opposition to reason and fact, time will shew.

W. SIMMONS.

MANCHESTER, 30th October, 1799.





Dr. Moore

Edwin